

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6283

1. PLACE OF DEATH
 County..... St. Louis, Mo. Registration District No. 1123
 Township..... Carroll Primary Registration District No. 648B
 City..... Jefferson Barracks, Mo. U.S. Veterans Hospital, Jefferson Brks, Mo. 27 Ward

File No.
 Registered No. 27

2. FULL NAME Charles Oglesby
 (a) Residence. No. 6309 Arthur Ave., St. Louis, Mo. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred UN yrs. kn mos. OWN da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.
 4. COLOR OR RACE White.
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED, (write the word) Married.
 5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Mrs. Isabelle Oglesby.
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29, 1890
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 6 7
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Stove Maker
 (b) General nature of industry, business, or establishment in which employed (or employer) Heinz Stove Co.
 (c) Name of employer Heinz Stove Co.

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri.

10. NAME OF FATHER Sherman Oglesby
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
 (STATE OR COUNTRY) Unknown.
 12. MAIDEN NAME OF MOTHER Elvira Tate
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
 (STATE OR COUNTRY) Unknown.

14. INFORMANT C. E. Smith, Clinical Director.
 (Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.
 Filed Feb. 7, 1930

15. L. C. Obrusk, M. D.
 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 6, 1930
 17. I HEREBY CERTIFY, That I attended deceased from January 30, 1930 to February 6, 1930
 that I last saw him alive on February 6, 1930, and that death occurred, on the date stated above, at 9:00 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis chronic, complicated by Uremia.
131
132B

CONTRIBUTORY (SECONDARY) 1290

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. Unknown.

DID AN OPERATION PRECEDE DEATH. No. DATE OF
 WAS THERE AN AUTOPSY? No.
 WHAT TEST CONFIRMED DIAGNOSIS. Physical Laboratory & X-Ray

(Signed) H. C. Gibson, M. D.
 U.S. Veterans Hospital, Jefferson Barracks, Mo.
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL National Centz Jefferson Barracks DATE OF BURIAL Feb 10 1930

20. UNDERTAKER Jos. J. Quinn ADDRESS 15229 Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 29 1956